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\*BAR OTHER THAN D.C.  
\*\*REGISTERED PATENT AGENTS

August 15, 2000

WRITER'S DIRECT NUMBER:

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INTERNET ADDRESS:

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Commissioner for Patents  
Washington, D.C. 20231

Box Patent Application

Re: U.S. Non-Provisional Utility Patent Application under 37 C.F.R. § 1.53(b)  
Appl. No. (to be assigned); Filed: (herewith) August 15, 2000  
For: **Method and System for Executing SIMD  
Instructions Using Graphics Technology**  
Inventors: Olano *et al.*  
Our Ref: 15-4-897.00

Sir:

The following documents are forwarded herewith for appropriate action by the U.S.  
Patent and Trademark Office:

1. PTO Fee Transmittal (Form PTO/SB/17) (*in duplicate*);
2. PTO Utility Patent Application Transmittal (Form PTO/SB/05);
3. U.S. Utility Patent Application entitled:

**Method and System for Executing SIMD  
Instructions Using Graphics Technology**

and naming as inventors:

**Thomas M. Olano  
Mark S. Peercy**

the application consisting of:

- a. A specification containing:

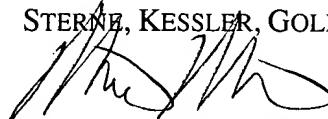
Commissioner for Patents  
August 15, 2000  
Page 2

- i. 12 pages of description prior to the claims;
- ii. 7 pages of claims ( 23 claims, 7 independent);
- iii. a one (1) page abstract;
- b. 7 sheets of drawings: (Figures 1-7); and
- c. An original executed Declaration;
4. Authorization to Treat a Reply As Incorporating An Extension of Time Under 37 C.F.R. § 1.136(a)(3) (*in duplicate*);
5. Recordation Form Cover Sheet;
6. An original executed Assignment to **Silicon Graphics, Inc.**, recordation of which is hereby respectfully requested;
7. Our check no. 28414 for \$ 1,096.00 to cover:
- \$ 690.00 Filing fee for patent application,
  - \$ 40.00 Assignment recordation fee,
  - \$ 54.00 Fee for excess total claims, and
  - \$ 312.00 Fee for excess independent claims; and
8. Three return postcards.

It is respectfully requested that, of the three attached postcards, one be stamped with the filing date of these documents and returned to our courier, and the other two prepaid postcards be stamped with the filing date and unofficial application number and returned as soon as possible. The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. A duplicate copy of this letter is enclosed.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Michael V. Messinger  
Attorney for Applicants  
Registration No. 37,575



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

|  |   |                 |
|--|---|-----------------|
| Attorney Docket No.                      |   | 15-4-897.00     |
| First Inventor or Application Identifier |   | Thomas M. Olano |
| Title                                    | Method and System for Executing SIMD Instructions Using Graphics Technology |                 |
| Express Mail Label No.                   |   |                 |

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages 20 ]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 7 ]
4. ☒ Oath or Declaration [Total Pages 2 ]  
a. ☒ Newly executed (original or copy)  
b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)  
[Note Box 5 below]  
i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§ 1.63(d)(2) and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)  
a. ☐ Computer Readable Copy  
b. ☐ Paper Copy (identical to computer copy)  
c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☐ Power of Attorney
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Three Return Receipt Postcards (MPEP 503)  
(Should be specifically itemized)
14. ☐ \*Small Entity Statement(s) (PTO/SB/09-12) ☐ Statement filed in prior application, Status still proper and desired
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☒ Other: 37 C.F.R. § 1.136(a)(3) Authorization and our check no. 28414 for \$1,096.00

\*NOTE FOR ITEMS 1 &amp; 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No: \_\_\_\_/\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

## 18. CORRESPONDENCE ADDRESS

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or Bar Code Label

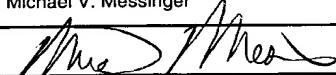
(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence  
address below

|         |   |           |                |          |                |
|---------|---|-----------|----------------|----------|----------------|
| NAME    | STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C. |           |                |          |                |
|         | Attorneys at Law                          |           |                |          |                |
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| COUNTRY | USA                                       | TELEPHONE | (202) 371-2600 | FAX      | (202) 371-2540 |

|                   |                      |                                   |         |
|-------------------|----------------------|-----------------------------------|---------|
| NAME (Print/Type) | Michael V. Messinger | Registration No. (Attorney/Agent) | 37,575  |
| SIGNATURE         |                      | Date                              | 8/15/00 |

Burden Hour Statement: this form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

| <b>FEE TRANSMITTAL</b><br>for FY 2000<br><i>Patent fees are subject to annual revision.<br/>Small Entity payments must be supported by a small entity statement,<br/>otherwise large entity fees must be paid. See Forms PTO/SB/09-12.<br/>See 37 C.F.R. §§ 1.27 and 1.28.</i>   |                 |                           |   | <b>Complete if Known</b>   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
|--|-----------------|---------------------------|---|--|----------------|----------------|----------------------------|----------------|-----------------|-----------------|---------------------------|-----|---------|------------|--------------------|-------------------------------------|--|-----|----------------|-----------------|----------------|--|-----------------|----------|-----|-----|-----|---------------------------|------------------------|-----|-------|-----|-------|--|-----------------------------------|-----|------|-----|------|--|--------------------------|-----|--------|-----|--------|---|---|-----|-----|-----|-----|--|---|-----|---|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 1,096.00  |                 |                           |   | <b>Application Number</b> (to be assigned)                                 |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
|  |                 |                           |   | <b>Filing Date</b> (herewith) August 15, 2000                              |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
|  |                 |                           |   | <b>First Named Inventor</b> Thomas M. Olano                                |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
|  |                 |                           |   | <b>Examiner Name</b> (to be assigned)                                      |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
|  |                 |                           |   | <b>Group / Art Unit</b> (to be assigned)                                   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
|  |                 |                           |   | <b>Attorney Docket Number</b> 15-4-897.00                                  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| <b>METHOD OF PAYMENT (check one)</b>   |                 |                           | <b>FEE CALCULATION (continued)</b>  |  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| <b>1.</b> <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:<br><br><div style="border: 1px solid black; padding: 2px; margin: 5px 0;">                         Deposit Account Number: 19-0036<br/>                         Deposit Account Name: Sterne, Kessler, Goldstein &amp; Fox P.L.L.C.                     </div> <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17  |                 |                           | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40.00</td></tr> <tr><td>146</td><td>690</td><td>246</td><td>345</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>690</td><td>249</td><td>345</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td></td></tr> </tbody> </table> |  |                | Large Fee Code | Entity Fee (\$)            | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid                  | 105 | 130     | 205        | 65                 | Surcharge - late filing fee or oath |  | 127 | 50             | 227             | 25             | Surcharge - late provisional filing fee or cover sheet |                 | 139      | 130 | 139 | 130 | Non-English specification |                        | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |                                   | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |                          | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |   | 115 | 110 | 215 | 55  | Extension for reply within first month |   | 116 | 380   | 216 | 190 | Extension for reply within second month |  | 117 | 870 | 217 | 435 | Extension for reply within third month |  | 118 | 1,360 | 218 | 680 | Extension for reply within fourth month |  | 128 | 1,850 | 228 | 925 | Extension for reply within fifth month |  | 119 | 300 | 219 | 150 | Notice of Appeal |  | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal |  | 121 | 260 | 221 | 130 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,210 | 241 | 605 | Petition to revive - unintentional |  | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) |  | 143 | 430 | 243 | 215 | Design issue fee |  | 144 | 580 | 244 | 290 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 240 | 126 | 240 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40.00 | 146 | 690 | 246 | 345 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 690 | 249 | 345 | For each additional invention to be examined (37 CFR 1.129(b)) |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code            | Entity Fee (\$)   | Fee Description  | Fee Paid       |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 105  | 130             | 205                       | 65  | Surcharge - late filing fee or oath  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 127  | 50              | 227                       | 25  | Surcharge - late provisional filing fee or cover sheet                     |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 139  | 130             | 139                       | 130   | Non-English specification  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 147  | 2,520           | 147                       | 2,520   | For filing a request for reexamination                                     |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 112  | 920*            | 112                       | 920*  | Requesting publication of SIR prior to Examiner action                     |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 113  | 1,840*          | 113                       | 1,840*  | Requesting publication of SIR after Examiner action                        |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 115  | 110             | 215                       | 55  | Extension for reply within first month                                     |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 116  | 380             | 216                       | 190   | Extension for reply within second month                                    |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 117  | 870             | 217                       | 435   | Extension for reply within third month                                     |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 118  | 1,360           | 218                       | 680   | Extension for reply within fourth month                                    |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 128  | 1,850           | 228                       | 925   | Extension for reply within fifth month                                     |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 119  | 300             | 219                       | 150   | Notice of Appeal   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 120  | 300             | 220                       | 150   | Filing a brief in support of an appeal                                     |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 121  | 260             | 221                       | 130   | Request for oral hearing   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 138  | 1,510           | 138                       | 1,510   | Petition to institute a public use proceeding                              |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 140  | 110             | 240                       | 55  | Petition to revive - unavoidable   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 141  | 1,210           | 241                       | 605   | Petition to revive - unintentional   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 142  | 1,210           | 242                       | 605   | Utility issue fee (or reissue)   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 143  | 430             | 243                       | 215   | Design issue fee   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 144  | 580             | 244                       | 290   | Plant issue fee  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 122  | 130             | 122                       | 130   | Petitions to the Commissioner  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 123  | 50              | 123                       | 50  | Petitions related to provisional applications                              |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 126  | 240             | 126                       | 240   | Submission of Information Disclosure Stmt                                  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 581  | 40              | 581                       | 40  | Recording each patent assignment per property (times number of properties) | 40.00          |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 146  | 690             | 246                       | 345   | Filing a submission after final rejection (37 CFR 1.129(a))                |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 149  | 690             | 249                       | 345   | For each additional invention to be examined (37 CFR 1.129(b))             |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims 23 - 20** = 3</td> <td>X</td> <td>\$18.00</td> <td>= \$ 54.00</td> </tr> <tr> <td>Indep. Claims 7 - 3** = 4</td> <td>X</td> <td>\$78.00</td> <td>= \$312.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table> <p>** or number previously paid, if greater; For Reissues, see below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim</td><td></td></tr> <tr><td>108</td><td>78</td><td>209</td><td>39</td><td>**Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;">SUBTOTAL (2) (\$ ) 366.00</p> |                 |                           |   | Extra  | Fee from below | Fee Paid       | Total Claims 23 - 20** = 3 | X              | \$18.00         | = \$ 54.00      | Indep. Claims 7 - 3** = 4 | X   | \$78.00 | = \$312.00 | Multiple Dependent |                                     |  | =   | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$)  | Fee Description | Fee Paid | 103 | 18  | 203 | 9                         | Claims in excess of 20 |     | 102   | 78  | 202   | 39                                     | Independent claims in excess of 3 |     | 104  | 260 | 204  | 130  | Multiple dependent claim |     | 108    | 78  | 209    | 39  | **Reissue independent claims over original patent |     | 110 | 18  | 210 | 9                                      | **Reissue claims in excess of 20 and over original patent |     | Other fee (specify) :<br>Other fee (specify) :<br>*Reduced by Basic Filing Fee Paid<br><br><p style="text-align: right;">SUBTOTAL (3) (\$ ) 40.00</p> |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
|  | Extra           | Fee from below            | Fee Paid  |  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| Total Claims 23 - 20** = 3   | X               | \$18.00                   | = \$ 54.00  |  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| Indep. Claims 7 - 3** = 4  | X               | \$78.00                   | = \$312.00  |  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| Multiple Dependent   |                 |                           | =   |  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code            | Entity Fee (\$)   | Fee Description  | Fee Paid       |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 103  | 18              | 203                       | 9   | Claims in excess of 20   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 102  | 78              | 202                       | 39  | Independent claims in excess of 3  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 104  | 260             | 204                       | 130   | Multiple dependent claim   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 108  | 78              | 209                       | 39  | **Reissue independent claims over original patent                          |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| 110  | 18              | 210                       | 9   | **Reissue claims in excess of 20 and over original patent                  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| <b>SUBMITTED BY</b>  |                 |                           |   | <b>Complete (if applicable)</b>  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| <b>Typed or Printed Name</b> Michael V. Messinger  |                 | <b>Reg. Number</b> 37,575 |   |  |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |
| <b>Signature</b>    |                 | <b>Date</b> 8/15/00       |   | <b>Deposit Acct. User ID</b>   |                |                |                            |                |                 |                 |                           |     |         |            |                    |                                     |  |     |                |                 |                |  |                 |          |     |     |     |                           |                        |     |       |     |       |  |                                   |     |      |     |      |  |                          |     |        |     |        |   |   |     |     |     |     |  |   |     |   |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |       |     |     |     |     |   |  |     |     |     |     |  |  |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Olano *et al.*

Appl. No. (*to be assigned*)

Filed: (*herewith*) August 15, 2000

For: **Method and System for Executing  
SIMD Instructions Using  
Graphics Technology**

Art Unit: (*to be assigned*)

Examiner: (*to be assigned*)

Atty. Docket: 15-4-897.00

JC511 U.S. PTO  
09/638907  
08/15/00

**Authorization To Treat A Reply As Incorporating An Extension Of Time  
Under 37 C.F.R. § 1.136(a)(3)**

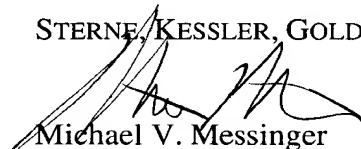
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The U.S. Patent and Trademark Office is hereby authorized to treat any concurrent or future reply that requires a petition for an extension of time under this paragraph for its timely submission, as incorporating a petition for extension of time for the appropriate length of time. The U.S. Patent and Trademark Office is hereby authorized to charge all required extension of time fees to our Deposit Account No. 19-0036, if such fees are not otherwise provided for in such reply. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

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